# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

|  |  |                 |                                    |                    | *                    |  |  |
|--|--|-----------------|------------------------------------|--------------------|----------------------|--|--|
| The C/OH Instruction G                                       | Guide explains how to complet  |                 | iler ID (Ethics Commission Filers) | 2 Total pages I    | iled:                |  |  |
| 3 CANDIDATE/<br>OFFICEHOLDER                                 |  | FIRST           | MI                                 | OFFICE             | USEONLY              |  |  |
| NAME   | MC. 5  | ehn             | SUFFIX                             | Date Received      |                      |  |  |
|  | Juck R   | entz            |                                    | Abilene Cit        | y Secretory          |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SU  18 Pinehrst  Abilene, 1x 7   | 1.00            | 1 2019<br>Record                   |                    |                      |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | AREA CODE PHONE 1 (325) 794-   |                 | EXTENSION                          | Date Hand-delivere | d or Date Postmarked |  |  |
| 6 CAMPAIGN<br>TREASURER                                      |  | IRST            | MI                                 | Receipt #          | Amount \$            |  |  |
| NAME   | NICKNAME L   | Tyse            | SUFFIX                             | Date Processed     |                      |  |  |
|  | M  | Anally Lewi     | 5                                  | Date  maged        |                      |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS (Residence or Business)   | 2002 Cedar C<br>Abilene, TX  | _               | CITY; STATE;                       | ZIP CODE           |                      |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                             | AREA CODE PHONE N (325) 660  |                 | EXTENSION                          |                    | L                    |  |  |
| 9 REPORT TYPE  | January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR) |                 |                                    |                    |                      |  |  |
| 10 PERIOD  | Month Day Year Month Day Year  |                 |                                    |                    |                      |  |  |
| COVERED  | 01 /01 /2019 THROUGH 06 / 30 / 2019  |                 |                                    |                    |                      |  |  |
| 11 ELECTION  | ELECTION DATE  |                 | ELECTION TYPE                      |                    |                      |  |  |
|  | Month Day Year   | Primary General | Runoff Other Description Special   | N/A                |                      |  |  |
| 12 OFFICE  | OFFICE HELD (if any)   |                 | 13 OFFICE SOUGHT (if known         | n)                 |                      |  |  |
|  | Abilene City Co  | uncil Place 2   |                                    |                    |                      |  |  |
| GO TO PAGE 2   |  |                 |                                    |                    |                      |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME  |   | - Rest2  | 5 Filer ID (Ethics Commission Filers) |  |  |  |
|---|---|--|---------------------------------------|--|--|--|
| <u> </u>  |   |  |                                       |  |  |  |
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |                                       |  |  |  |
|   | COMMITTEE TYPE  | COMMITTEE NAME   | -                                     |  |  |  |
|   | GENERAL   |  |                                       |  |  |  |
|   | SPECIFIC  | COMMITTEE ADDRESS  |                                       |  |  |  |
| _   |   | COMMITTEE CAMPAIGN TREASURER NAME                                    |                                       |  |  |  |
| Additional Pages  |   |  |                                       |  |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS                                 |                                       |  |  |  |
| 17 CONTRIBUTION<br>TOTALS   | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$  |  |                                       |  |  |  |
|   |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00                               |  |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00   |  |                                       |  |  |  |
|   | 4. TOTAL  | \$ 2,100.00  |                                       |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL P  | DAY \$ 183.12  |                                       |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL P<br>LAST DA   | 183.12<br>HE \$ 9,100.00   |                                       |  |  |  |
| 18 AFFIDAVIT  |   |  |                                       |  |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas  Comm. Expires 09-20-2021 |   |  |                                       |  |  |  |
| Notary ID 131287597 Signature of Candidate of Orliceholder  |   |  |                                       |  |  |  |
| AFFIX NOTARY STAMP / SEALABOVE  |   |  |                                       |  |  |  |
| Sworn to and subscribed before me, by the said Jack Rentz, this the   |   |  |                                       |  |  |  |
| day of July, 20 19, to certify which, witness my hand and seal of office.   |   |  |                                       |  |  |  |
| Section Shawna ATWINSON Notary  |   |  |                                       |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  |   |  |                                       |  |  |  |

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 19 FILER NAME Sohn J. Rentz  | thics Commission Filers) |
|--|--------------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT       |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 0                     |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 0                     |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0                     |
| 4. SCHEDULE E: LOANS   | \$ 2,100.00              |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 2,100.00              |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0                     |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION               | vs \$ 0                  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0                     |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0                     |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF             | С/ОН \$ 0                |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                     |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                     |

### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender Date of loan ut-of-state PAC (ID#: Loan Amount (\$) 12, 100.00 10 Interest rate a financial 18 Pirehurst Abilene, TX 79606 Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 💢 none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; Zip Code State; M not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender ut-of-state PAC (ID#:\_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION City; State; Zip Code Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Polling Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) P.O. Box 2993 Abilene, TX 79604 1,100,00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Accounting / Banking **EXPENDITURE** ersonal Financial Statement Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED